FAQs

Do you want the total number of claimants or claims? Does the same person treated for two different injuries get counted once or twice?

Report the number of *claims* or *injuries* treated. The person treated for two different injuries would be counted twice.

How do you define year -- by injury dates, service date?

Report payments made for treatment from January through December 1999, regardless of date of injury.

Do you need a text description to go along with the ICD9 code?

No. Do make sure that the ICD9 code is completed to the highest specified decimal place.

Do you want total charges or total payments? Or both?

Total payments.

What are the elements of medical costs? By 'type of physician', do you mean chiropractic vs allopathic vs osteopathic, or do you mean provider specialty?

The "elements" and "type of physician" categories required are contained in the Sheet Three of the spreadsheet contained in the Annual Report Instruction memo dated March 10, 2000. Those categories are: KYMC Plan name, General, Family, Industrial Medicine, & Internal Medicine, Radiology, Orthopedic Surgery Without Hand Surgery, Hand Surgery, Neurosurgery, Chiropractic, Physical Therapy, Hospital, Pharmaceuticals, Psychiatry/Psychology, and Other.

When reporting the number of lost days, do you need the total number of days off or compensable lost days?

Released from work is defined as: from the date of injury until the date the injured worker is released to return to work by his/her treating physician.

Instructions for completing annual report forms

Sheet Two -- ICD9 Code reporting

Complete cells highlighted in yellow to identify the plan name, number and total employees treated by plan. Complete one row for each *injury* treated during the year.

Column I. ICD9 code

Injury/Disease identifying codes are to be entered in class order (beginning with 001; ending with 999) and are to be recorded to the highest decimal specificity. Numbers submitted such as 0216501, 080299, 112598, 1347871, 99677 do not represent ICD9 codes and will not be accepted. Also, ICD9 codes that are submitted with a plan's internal character/digit coding system will not be accepted.

Column II. Total cost of each incidence by code

Each incident cost is to be reported separately -- i.e. if you have 6 incidences of ICD9 code 354.00, you will have 6 separate costs and they will be reported on 6 separate lines. Cost only is to go in this column -- no separators such as a. b. c. or 1. 2. 3. will be accepted.

Column III. Number of days for which an employee has been released from work

Released from work is defined as: from the date of injury until the date the injured worker is released to return to work by his/her treating physician. These are to correspond to each incident -- i.e. if you have 6 incidences of ICD9 code 354.00, you will have 6 separate costs, they will be reported on 6 separate lines and number of days will be reported on each of the 6 separate lines. Do not provide a cumulative total and do not leave blank; enter 0 if no days were lost.